

AAFP News: AFP Edition

Policy and Health Issues in the News

AAFP Urges Congress to Expand Site-Neutral Physician Payment

Many office-based physicians still receive lower payments for the same services than their colleagues in hospital outpatient settings. In a recent letter to leaders of the House Committee on Energy and Commerce, American Academy of Family Physicians (AAFP) Board Chair Robert Wergin, MD, urged lawmakers to address the disparity by expanding the policy of site-neutral payments. Beginning in January 2017, physicians will be paid according to the Medicare physician fee schedule or the Ambulatory Surgical Center Physician Payment Schedule, depending on their practice location. However, a loophole in the law permits many hospital facilities to continue charging higher rates for an evaluation and management visit. Physician practices that were acquired by a hospital before November 2, 2015, are exempt from the requirement. Some hospitals that are in the process of acquiring physician practices are pushing for the date to be extended. "Patients should not be burdened with higher costs for similar care because a hospital acquired their physician's practice on Nov. 1 instead of Nov. 2," the letter states. For more information, go to <http://www.aafp.org/news/government-medicine/20160216payequity.html>.

Language in Final Medicare Overpayment Rule Rankles AAFP President

The Centers for Medicare and Medicaid Services (CMS) has released a long-awaited final rule that drew sharp criticism from AAFP President Wanda Filer, MD, MBA. The rule, published in the February 12, 2016, *Federal Register*, requires all health care professionals who are paid with Medicare funds to report and return overpayments within 60 days of discovering an error. Physicians are liable for reporting and returning Medicare overpayments made to them going back six years from the date the payment was received. Those who fail to comply with the regulation could be subject to monetary penalties, as well as exclusion from federal health care programs. CMS states in the final rule that health care professionals "have a clear duty to undertake proactive activities to determine if they have received an overpayment." Filer objected to a phrase in that statement. "Family physicians have a clear duty to take care of their patients," Filer said. "It's CMS' clear duty to ensure that accurate payments are made to physicians within the Medicare system." For more information, go to <http://www.aafp.org/news/government-medicine/20160218finalruleoverpayment.html>.

Analysis: Look to Residency Programs' Past for Primary Care's Future

A recently published analysis suggests that primary care residency programs could benefit from a look to the past. Allan Goroll, MD, a professor of medicine at Harvard Medical School, analyzed two programs created to attract more medical students into primary care. A program at Massachusetts General Hospital opened in 1973 as an older generation of physicians began to retire and lucrative subspecialties were drawing medical students away from primary care. Now, the generation of physicians that began residency in the 1970s is entering retirement age. The residency changes that helped attract them to primary care—including a greater emphasis on outpatient experience and team-based care—should be considered for current programs, Goroll said. He said that for primary care training to be effective with this new generation of students, programs should take into account residents' input and incorporate settings that are relevant for future practice, such as a medical home or a clinic. For more information, go to <http://www.aafp.org/news/education-professional-development/20160219residencylessons.html>.

Senate Committee Approves Bill to Make Health Information Technology More Useful

The Senate Committee on Health, Education, Labor and Pensions recently approved a bill designed to ease the headache of clumsy health information technology (IT) systems that demand too much effort for too little benefit. The Improving Health Information Technology Act would establish standards for interoperability, vendor performance, and care coordination in health IT systems. The AAFP offered several recommendations to improve the legislation in a recent letter to the chair and ranking member of the committee. The AAFP has amplified family physicians' criticism of health IT systems that do not allow for sharing of information with other physicians or institutions unless an additional fee is paid. Physicians point out that although they are held accountable for how the technology is used, the vendors that sell the technology are not held accountable for business practices that hinder information sharing. For more information, go to <http://www.aafp.org/news/government-medicine/20160210hitbill.html>.

— AFP AND AAFP NEWS STAFF

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